

To: Keystone First – CHIP Home Infusion Providers

Date: February 5, 2026

Re: Update to services requiring Prior Authorization

Effective April 15, 2026, the following codes require prior authorization. Prior authorization requests can be quickly and easily obtained through NaviNet or faxed to Keystone First – CHIP at 844-586-3296.

Code	Description
S9330	Home Infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home Infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home Infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Reminder: Authorization guidelines are subject to change. For the most up to date plan guidelines and to review if any service needs prior authorization, use the Prior Authorization Lookup Tool on the provider website(s) at:

- www.keystonefirstchip.com → Providers → Prior Authorization Lookup Tool.

Thank you for your participation in our network and the continued care you provide to our Members/Participants. If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007.